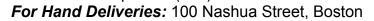


Place Print

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Medical Affairs Branch

PO Box 199100 Roxbury, MA 02119-9100 Telephone: (617) 351-9222





APPLICATION FOR DISABLED PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

Disabled person must be a Massachusetts resident

i icase i iiiit				
Last Name		First Name		MI
Address		City/Town		Zip Code
Date of Birth		Social Security Number		Telephone Number
Disabled Person's	License Informa	tion		
License Number		Class	Expiration Date	Restrictions
I am applying for th	e following type of	plate or placard:		
Placard		port-sized photo (2" x 2"). written on the back of the		date of birth and social
Plate	Only issued to individ	luals who have a vehicle	registered in their name	2 .
DV Plate	Veteran's Administra application.	luals who have a vehicle to tion stating your service c		

Important Customer Information

Incomplete applications will **not** be processed. A classification sheet is included with this application that will assist the certifying medical professional in completing the application.

This application must be submitted **within 30 days** of the medical professional's certification. You should allow for internal RMV processing time.

FOR REGISTRY OF MOTOR VEHICLE USE ONLY				
Approved Not Approved	Date:	By: By:		
Reason Code: Comments:				

Please refer to attached guidelines

THIS SIDE OF THE APPLICATION MUS BE COMPLETED BY A MASSACHUSETTS LICENSED

PYSICIAN, CHIROPRACTOR OR NURSE PRACTITIONER
Please check which conditions, if any, accurately describe the customer applying for the permit:
Cannot walk 200 feet without stopping to rest. Please state clinical diagnosis:
Cannot walk without the assistance of another person, prosthetic aid, or other assistive device. Please state clinical diagnosis:
Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry is less than one liter.
Uses portable oxygen.
Has a Class III cardiac condition according to the standards set by the American Heart Association. (See Classification Guidelines)
Has a Class IV cardiac condition according to the standards set by the American Heart Association. (See Classification Guidelines) Customers in this classification must surrender their driver's license.
Has Class III or Class IV functional arthritis according to the standards set by the American Rheumatism Association, or Stage III or Stage IV anatomic arthritis according to the standards set by the American Rheumatism Association. (See Classification Guidelines)
Has been declared legally blind (please attach copy of certification). Customers in this classification must surrender their driver's license.
Has lost one or more limbs or permanently lost the use of one or more limbs. Please describe:
Length of Disability:
Condition is permanent Condition is temporary – expected duration (in months) (minimum 2 months, maximum 24 months)
You must check one of the following statements in order for this application to be processed
The customer applying for this permit is medically qualified to operate a motor vehicle safely. Unable to determine ability: request competency road examination. The customer applying for this permit is <i>not</i> medically qualified to operate a motor vehicle safely.
MEDICAL PROFESSIONAL CERTIFICATION
I hereby certify, under pains and penalties of perjury, that the customer applying for this permit is disabled with the condition(s) indicated above.
Please Print
Certifying Medical Professional's Name Mass Board of Registration Number
Address (City/Town/State/Zip Code)

Date

Certifying Medical Professional's Signature

Telephone Number

CLASSIFICATION GUIDELINES

ATTENTION Medical Professional

Please use the following list to complete the application to the left:

Class I	Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
Class II	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
Class III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain.
Class IV	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

American Rheumatoid Arthritis Functional Classification System

Class I	Complete functional capacity with ability to carry on all usual duties without handicaps.
Class II	Functional capacity adequate to conduct normal activities despite handicap of discomfort or limited mobility of one or more joints.
Class III	Functional capacity adequate to perform only a few or none of the duties of usual occupation or of self-care.
Class IV	Largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care.

American Rheumatoid Arthritis Anatomic Classification System			
Stage I (early)	No destructive changes on roentgenographic examination. Roentgenologic evidence of osteoporosis may be present		
Stage II (moderate)	 Roentgenologic evidence of osteoporosis, with or without slight subchondral bone destruction; slight cartilage destruction may be present. No joint deformities, although limitation of joint mobility may be present. Adjacent muscle atrophy. Extraarticular soft tissue lesions, such as nodules and tenosynovitis maybe present. 		
Stage III (severe)	 Roentgenologic evidence of cartilage and bone destruction, in addition to osteoporosis. Joint deformity, such as subluxation, ulnar deviation, hyperextension, without fibrous or bony ankylosis. Extensive muscle atrophy. Extraarticular sof tissue lesions, such as nodules and tenosynovitis may be present. 		
Stage IV (terminal)	1. Fibrous or bony ankylosis. 2. Criteria of stage III.		